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## **FORMS AND EXAMPLES**

The following forms and examples have been provided to assist the Division and Resident Engineers and their staff in completing the various required documentation for contract construction projects. It is the intent of this subsection of the Manual to have various forms available to the Resident Engineers, however, keep in mind that the majority of the forms are available electronically on the Department website.

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## Construction Unit

03/07

Contract No.:	T.I.P. Number:	Inspector:	Day:	Date:
---------------	----------------	------------	------	-------

High Temp:	AM Conditions:	PM Conditions:
Low Temp:		

Effects of Weather on Items of Work					
Items of Work	No Effect All Day	Effectd Less Than 50% of Work Day	Effectd More Than 50% of Work Day	No Work All Day	Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accidents (Check One): <input type="checkbox"/> No <input type="checkbox"/> Yes    See Accident Report Dated:	
---	--

Visitors:	Engineering Staff:
-----------	--------------------

Contractor(s) and Personnel													
No.	Name	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs
1.	Prime	Supt			Foreman			Operators			Laborers		
2.	Sub/Utility	Supt			Foreman			Operators			Laborers		
3.	Sub/Utility	Supt			Foreman			Operators			Laborers		

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

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Inspector's Signature

## PROJECT DIARY

FORM CU-D  
REV. 03-07

CONTRACT NO.: \_\_\_\_\_ DAY & DATE: \_\_\_\_\_

WEATHER: \_\_\_\_\_ TEMP. HIGH: \_\_\_\_\_ LOW: \_\_\_\_\_

THE FOLLOWING DAILY REPORTS INCLUDED HERewith ARE BEING MADE A  
PART OF THE PROJECT DIARY:

CONTRACTOR/SUBCONTRACTOR	DESCRIPTION OF OPERATION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____

### PROJECT INSPECTOR'S DAILY SUMMARY

Delays to Contractor's Operations ☐ Yes ☐ No  
If Yes, Explain \_\_\_\_\_

Was any work in dispute? ☐ Yes ☐ No  
If Yes, Explain \_\_\_\_\_

\_\_\_\_\_  
PROJECT INSPECTOR'S SIGNATURE

REVIEWED BY: \_\_\_\_\_  
ENGINEER'S INITIALS

PROJECT INSPECTOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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PROJECT ENGINEER'S COMMENTS: \_\_\_\_\_

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## ENGINEER'S WEEKLY SUMMARY

3/07

Contract No.:	T.I.P. No.:	Week Beginning:
---------------	-------------	-----------------

[illegible]

<b>CONTRACTOR'S CONTROLLING OPERATION(S):</b>	

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Engineer's Signature</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>
---	---

THIS FORM SHOULD BE COMPLETED WEEKLY BY THE RESIDENT ENGINEER FOR CONSTRUCTION ACTIVITIES OCCURING MONDAY THROUGH SUNDAY. AFTER COMPLETION, ATTACH THIS FORM TO THE TOP OF THE WEEK'S DAILY REPORTS OF CONSTRUCTION AND INCLUDE IN THE PROJECT DIARY.



## PROGRESS SCHEDULE CHART

[illegible]

CONTRACTOR:						Date:			100%	
									90%	
									80%	
									70%	
									60%	
									50%	
									40%	
									30%	
									20%	
									10%	
									0%	
450	480	510	540	570	600	630	635			

PROGRESS PERCENT (CURVE)

RESIDENT ENGINEER

CONTRACTOR'S SIGNATURE

STATE CONSTRUCTION ENGINEER

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DIVISION OF HIGHWAYS**

**PROOF ROLLING DAILY REPORT**

**Date:** \_\_\_\_\_

**Project No.:** \_\_\_\_\_ **ID No.:** \_\_\_\_\_ **Report No.:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Make of Roller:** \_\_\_\_\_

**Tire Size and No. Plies:** \_\_\_\_\_ **Weight (Tons Gross):** \_\_\_\_\_  
Use 43-46 Metric Tons (48-50 Tons)

**Air Pressure (Checked Daily):** \_\_\_\_\_ **MPa. (PSI)**  
Use 460-500 Mpa (68-72 psi)

**Time:**    **Started:** \_\_\_\_\_ **Stopped:** \_\_\_\_\_ **Hours Rolled:** \_\_\_\_\_  
(Units,  
Decimals)  
  
         **Started:** \_\_\_\_\_ **Stopped:** \_\_\_\_\_  
  
         **Started:** \_\_\_\_\_ **Stopped:** \_\_\_\_\_

**Area Rolled:**    Sta. \_\_\_\_\_ to Sta. \_\_\_\_\_ **Coverages:\*** \_\_\_\_\_  
  
                         Sta. \_\_\_\_\_ to Sta. \_\_\_\_\_ **Coverages:\*** \_\_\_\_\_  
  
                         Sta. \_\_\_\_\_ to Sta. \_\_\_\_\_ **Coverages:\*** \_\_\_\_\_

**Failures:**    \*\* Sta. \_\_\_\_\_ to Sta. \_\_\_\_\_  
  
                 \*\*\* Sta. \_\_\_\_\_ to Sta. \_\_\_\_\_  
  
                 Sta. \_\_\_\_\_ to Sta. \_\_\_\_\_

**Cause of Failure:**    \*\* \_\_\_\_\_  
                         \*\*\* \_\_\_\_\_  
\_\_\_\_\_

**Method of Correction:**    \*\* \_\_\_\_\_  
                         \*\*\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remarks:**    \*\* \_\_\_\_\_  
                         \*\*\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*A coverage is considered that stage in the rolling procedure when the entire width of the section designated has been in contact with the pneumatic tires of the roller.

Inspector: \_\_\_\_\_

**SIGNED**

Resident Engineer: \_\_\_\_\_

c:    Geotechnical Unit  
     Division Engineer  
     File

# ANNUAL FHWA 1391

FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT																						
1. MARK APPROPRIATE BLOCK <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor				2. COMPANY NAME, CITY, STATE:				3. PROJECT NUMBER:				4. DOLLAR AMOUNT OF CONTRACT:				5. PROJECT LOCATION: (County and State)						
This collection of information is required by law and regulation 23 U.S.C. 140a and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in March, 2013.																						
6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE(S) DURING LAST FULL PAY PERIOD ENDING IN JULY 20__ (INSERT YEAR)																						
TABLE A																		TABLE B				
JOB CATEGORIES	TOTAL EMPLOYED		TOTAL RACIAL/ ETHNIC MINORITY		BLACK or AFRICAN AMERICAN		HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		TWO OR MORE RACES		WHITE		APPRENTICES		ON THE JOB TRAINEES	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
OFFICIALS	0	0	0	0																		
SUPERVISORS	0	0	0	0																		
FOREMEN/WOMEN	0	0	0	0																		
CLERICAL	0	0	0	0																		
EQUIPMENT OPERATORS	0	0	0	0																		
MECHANICS	0	0	0	0																		
TRUCK DRIVERS	0	0	0	0																		
IRONWORKERS	0	0	0	0																		
CARPENTERS	0	0	0	0																		
CEMENT MASONS	0	0	0	0																		
ELECTRICIANS	0	0	0	0																		
PIPEFITTER/PLUMBERS	0	0	0	0																		
PAINTERS	0	0	0	0																		
LABORERS-SEMI SKILLED	0	0	0	0																		
LABORERS-UNSKILLED	0	0	0	0																		
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TABLE C (Table B data by racial status)																						
APPRENTICES	0	0																				
OJT TRAINEES	0	0																				
8. PREPARED BY: (Signature and Title of Contractors Representative)								9. DATE		10. REVIEWED BY: (Signature and Title of State Highway Official)										11. DATE		

## Form SAF Rev. 2A



Rev. 5-2012

Contract No.: \_\_\_\_\_ F.A. No.: \_\_\_\_\_ Subcontract Request Number: \_\_\_\_\_

WBS Element: \_\_\_\_\_ T.I.P. No.: \_\_\_\_\_ County: \_\_\_\_\_

Retainage	Certification	Reporting No.
<input type="checkbox"/>		
Retainage	Certification	Reporting No.
<input type="checkbox"/>		

2<sup>nd</sup> Tier-1 Subcontractor Name and Address

Line Code Number	Item Description	Portion (*)	Partial (+)	Sub or 2nd Tier	Quantity	UOM	CP *	DBE/MBE/WBE Unit Price	DBE/MBE/WBE Sublet Amount	Subcontract Unit Price	Total Subcontract Amount
Indicates a Portion of Work (*)			Indicates a Partial Item (+)					DBE/MBE/WBE Amount		Subcontract Amt.	

The Contractor / Subcontractor certifies that the subcontract is in writing and that FHWA 1273, "Required Contract Provisions," have been included in the subcontract / 2<sup>nd</sup> tier subcontract in its entirety.

Contractor: Signature: _____ Title: _____	Date _____	APPROVED:
		Resident Engineer _____ Date _____
Subcontractor: Signature: _____ Title: _____	Date _____	Approved with the understanding that the Contractor will be responsible for the satisfactory performance and completion of the work in compliance with the terms of the contract and that all payments will be made to the Contractor.
2 <sup>nd</sup> Tier Subcontractor: Signature: _____ Title: _____	Date _____	

# SUBCONTRACT APPROVAL FORM INSTRUCTIONS

Form SAF Rev. 2

Revised 5-2012

## Subcontract Approval Form (SAF)

1. Complete the "Subcontract Approval Form" (Form SAF) for the Subcontractor and the 2<sup>nd</sup> Tier Subcontractor on one form. Additional items of work can be entered on the "Subcontract Approval Form Attachment". If there is more than one 2<sup>nd</sup> Tier Subcontractor, the information should be listed on the "Subcontract Approval Form - Additional 2<sup>nd</sup> Tier" (SAF - Additional 2nd Tier).

2. Reporting Number is the Fiscal Vendor Number for Contractors and Subcontractors. This number can be found on the NCDOT Directory of Transportation Firms - Prequalified Bidders and Subcontractors. Use the following web address to access the list of Prequalified Bidders and Subcontractors.

<https://partner.ncdot.gov/VendorDirectory/default.html>

Enter the name of your subcontractor and hit "Submit". If the firm is prequalified to perform work for NCDOT, the firm's information will be shown on the screen. Click on the firm's name to access the Reporting

3. If retainage is being withheld for the Subcontractor or 2<sup>nd</sup> Tier Subcontractor place an "X" in the box under the column titled "Retainage."
4. When the proposed Subcontractor or 2<sup>nd</sup> Tier Subcontractor is a certified DBE, MBE, or WBE Subcontractor, select the appropriate certification from the drop down list. When the proposed Subcontractor is not a certified DBE, MBE, or WBE subcontractor, select "NONE" from the drop down list.

### 5. Partial and Portion Items of Work

**Partial Item of Work** is defined as a Subcontractor performing part of the work associated with a line item, such as hauling asphalt or tying steel. The partial item of work should be indicated by the symbol (\*). The work associated with the contract line item to be performed by the Subcontractor shall be identified.

**Portion of Work** is defined as a Subcontractor performing all the work associated with a line item, but only a portion of the contract quantity. An example is grading from Station 225+00 - L to the end of the project. The portions of work should be indicated by the symbol (●). The physical limits of the sublet quantity shall be identified.

6. Sub or 2<sup>nd</sup> Tier - Designate if the work for the associated line item will be performed by a Subcontractor or a 2<sup>nd</sup> Tier Subcontractor. This must be completed to correctly calculate the Subcontract Amount.
7. Units of Measure (UOM) shown on the Subcontract Approval Form (SAF) shall be the same as those shown in the Department's contract. Any conversions that are necessary to satisfy this requirement shall be the responsibility of the Contractor. The Converted Price (CP) shall be denoted with an asterisk (\*). (Examples of converting units of measure can be found in the HiCAMS User Guide, Chapter 2, Section 8B. Use the following link to view the examples.)

[http://www.ncdot.org/doh/operations/dp\\_chief\\_eng/constructionunit/formsmanuals/UserGuide/Index\\_User\\_Guide.html](http://www.ncdot.org/doh/operations/dp_chief_eng/constructionunit/formsmanuals/UserGuide/Index_User_Guide.html)

8. DBE/MBE/WBE Unit Price - This unit price should only be completed for DBE/MBE/WBE Subcontractors. Enter a DBE/MBE/WBE Unit Price for the items of work performed by any certified DBE/MBE/WBE. Use the chart below to determine if a DBE/MBE/WBE Unit Price shall be entered for the line item, based on the certification of the firm.

Enter DBE/MBE/WBE		
Subcontractor	2nd Tier	Unit Price For
Certified	None	Subcontractor
Certified	Certified	Subcontractor
None	Certified	2nd Tier

The DBE/MBE/WBE Unit Price must be the negotiated unit or lump sum price agreed upon between the Contractor and the Subcontractor. It can be higher, lower or equal to the contract bid price.

9. DBE/MBE/WBE Sublet Amount is the DBE/MBE/WBE Unit Price multiplied by the Quantity. For committed firms, the DBE/MBE/WBE Sublet Line Item Amount shall be the same or higher than the amount listed in the contract.
10. Subcontract Unit Price - The Subcontract Unit Price must be the same as the contract unit price unless the Subcontractor is performing a partial item of work. When a partial item of work is sublet, the unit price must be less than the contract unit price. When only a portion of the quantity of an item is sublet, the unit price shall be the same as the contract unit price. A Subcontract Unit Price must be entered for every line item, including an item of work performed by a DBE/MBE/WBE Subcontractor.
11. The Total Subcontract Amount is the Subcontract Unit Price multiplied by the Quantity.
12. The Subcontract Amount is the amount subcontracted by the Contractor. The amount is used to determine the percent of work performed by the Prime Contractor. (Refer to Article 108-6 of the Standard Specifications for subletting percentages.) The Subcontract Amount is calculated by summing the Total Subcontract Amounts for the Subcontractor. Any items listed on the Attachment sheet for the Subcontractor is also included in the Subcontract Amount. The line items for 2<sup>nd</sup> Tier Subcontractor(s) are not included.
13. When any item requested to be sublet has been previously included in an approved subcontract, the following statement shall be included above the listing of these items: "The following items are being deleted from "Subcontract Request Number \_\_\_\_."
14. The Contractor, Subcontractor and 2<sup>nd</sup> Tier Subcontractor shall sign the original Subcontract Approval Form and the Contractor shall submit the form to the Resident Engineer.

#### Sublet Percentages

##### FOR USE BY NCDOT PERSONNEL (for non HiCAMS contracts)

The following is the process used to calculate the Sublet Percentages after the approval of each subcontract. The fields will not populate, this process should be hand calculated.

(1) Total Original Contract Amount	_____	(5) Difference $\{1-(2+3)\}$	_____
(2) Specialty Items Sublet	_____	(6) Percent by Prime $\{(1-4)/5\}$	_____
(3) Non-spec. Items Sublet to DBE/MBE/WBE	_____	(7) Threshold Check $\{(1-4)/(1-2)\}$	_____
(4) Total Sublet (Grand Total)	_____		

## SUBCONTRACT APPROVAL FORM - ATTACHMENT

Form SAF Attachment Rev. 2A



Rev. 5-2012

## SUBCONTRACT APPROVAL FORM

Contract No.: \_\_\_\_\_

F.A. No.: \_\_\_\_\_

Subcontract Request Number: \_\_\_\_\_

[illegible]


Indicates a Portion of Work (●)

Indicates a Partial Item ( ♦ )



## ADDITIONAL SECOND TIER SUBCONTRACTOR FORM

Rev. 5-2012

  
**SUBCONTRACT APPROVAL FORM**

Contract No.: \_\_\_\_\_ F.A. No.: \_\_\_\_\_ Subcontract Request Number: \_\_\_\_\_  
WBS Element: \_\_\_\_\_ T.I.P. No.: \_\_\_\_\_ County: \_\_\_\_\_

**APPROVAL IS REQUESTED TO SUBLET THE FOLLOWING ITEMS OF WORK ON THIS PROJECT TO:**

\_\_\_\_\_  
2nd Tier-2 Subcontractor Name and Address

\_\_\_\_\_  
2nd Tier-3 Subcontractor Name and Address

Retainage <input type="checkbox"/>	Certification	Reporting No.
Retainage <input type="checkbox"/>	Certification	Reporting No.

Line Code Number	Item Description	Portion (*)	Partial (*)	Sub or 2nd Tier	Quantity	UOM	CP *	DBE/MBE/WBE Unit Price	DBe/MBE/WBESublet Amount	Subcontract Unit Price	Total Subcontract Amount
III											

Indicates a Portion of Work (\*) Indicates a Partial Item (+)

**SUBCONTRACT CERTIFICATION (applies only to Federal projects)**  
The Contractor / Subcontractor certifies that the subcontract is in writing and that FHWA 1273, "Required Contract Provisions," have been included in the subcontract / 2nd tier subcontract in its entirety.

Contractor: Signature: _____ Date _____ Title: _____	APPROVED: Resident Engineer _____ Date _____
Subcontractor: Signature: _____ Date _____ Title: _____	Approved with the understanding that the Contractor will be responsible for the satisfactory performance and completion of the work in compliance with the terms of the contract and that all payments will be made directly to the Contractor.
2nd Tier Subcontractor: Signature: _____ Date _____ Title: _____	

# REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE					<small>CHECK APPROPRIATE BOX</small> <input type="checkbox"/> SERVICE CONTRACT <input type="checkbox"/> CONSTRUCTION CONTRACT	<small>AUTHORIZED FOR LOCAL REPRODUCTION</small> OMB No.: 9000-0089 Expires: 04/30/2005
<small>Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVP), Office of Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.</small>						
<b>INSTRUCTIONS:</b> THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPPLICATE, TO THE CONTRACTING OFFICER.						
<b>1. TO:</b> ADMINISTRATOR, Employment Standards Administration WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, D.C. 20210				<b>2. FROM: (REPORTING OFFICE)</b>		
<b>3. CONTRACTOR</b>					<b>4. DATE OF REQUEST</b>	
<b>5. CONTRACT NUMBER</b>	<b>6. DATE BID OPENED (SEALED BIDDING)</b>	<b>7. DATE OF AWARD</b>	<b>8. DATE CONTRACT WORK STARTED</b>	<b>9. DATE OPTION EXERCISED (IF APPLICABLE) (SCA ONLY)</b>		
<b>10. SUBCONTRACTOR (IF ANY)</b>						
<b>11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)</b>						
<b>12. LOCATION (CITY, COUNTY AND STATE)</b>						
<b>13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION</b>						
<b>NUMBER:</b> _____			<b>DATED:</b> _____			
<b>a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY)</b> <small>(Use reverse or attach additional sheets, if necessary)</small>			<b>b. WAGE RATE(S)</b>		<b>c. FRINGE BENEFITS PAYMENTS</b>	
<b>14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)</b>			<b>15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE</b>			
<b>16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE</b>			<b>TITLE</b>		<b>CHECK APPROPRIATE BOX REFERRING BLOCK 13.</b> <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE	
<b>TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SCA) OR FAR 22.406-3 (DBA))</b>						
<input type="checkbox"/> THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.						
<input type="checkbox"/> THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.						
<small>(Send copies 1, 2, and 3 to Department of Labor)</small>						
<b>SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE</b>			<b>TITLE AND COMMERCIAL TELEPHONE NO.</b>		<b>DATE SUBMITTED</b>	
PREVIOUS EDITION IS USABLE			<b>STANDARD FORM 1444</b> (REV. 12-2001) <small>Prescribed by GSA-FAR (48 CFR) 53.222(f)</small>			

## EXAMPLE TRUCKING PLAN

(Page 1 of 2)

### Road Warriors Contracting

1234 Gills Avenue  
P.O. Box 22345  
Walls, North Carolina 22567  
832-555-5555

October 12, 2010

Mr. Resident Engineer  
1234 District Drive  
Salty, North Carolina 23568

Mr. Engineer:

In accordance with the DBE Provisions, I have attached a proposed trucking plan for this project, to assist you with truck monitoring.

Please contact me at (832) 555-5555 if you need additional information.

Thank you,

I. M. Owner

## Truck Plan

Contract No: C123456  
 County: Dancoe

## Listing of Firms

Trucking Firm	DBE Certification	Number of Trucks Owned
Over the Hill Trucking	DBE/MBE	5
Lucky Trucking	DBE/MBE	3
Well Transportation	DBE/MBE	8
Richie Rich Trucks	DBE/WBE	3
Ball Hauling	None	2
TNT Trucking	None	1

Total Available Trucks 22

## Individual Truck Listing

Firm	Truck Type	Truck Number	Asphalt	Borrow	Rev. Asp Pymt	#57 Stone	Prod Cont Mat	Minor Str	Milling Asp	Incidental Milling
Over the Hill Trucking	Mack RD 690A - Quad Axle	Over 1	X	X	X	X	X	X	X	X
	Mack RD 690A - Quad Axle	Over 2	X	X	X	X	X	X	X	X
	Mack RD 690A - Tri Axle	Over 3	X	X	X	X	X	X	X	X
	Mack RD 690A - Quad Axle	Over 4	X	X	X	X	X	X	X	X
	Mack RD 690A - Tri Axle	Over 5	X	X	X	X	X	X	X	X
Lucky Trucking	Ford L-9000 Tri Axle	LT 3	X	X						
	Ford L-9000 Tri Axle	LT 4	X	X						
	Ford L-9000 Tri Axle	LT 5	X	X						
Well Transportation	Mack DM 688S Tri Axle	Well -01	X	X	X					
	Mack RD 690S Quad Axle	Well-03	X	X	X					
	Mack RD 690S Quad Axle	Well-04	X	X	X					
	Mack RD 690S Quad Axle	Well-06	X	X	X					
	Mack RD 690S Quad Axle	Well-11	X	X	X					
	Mack RD 690S Quad Axle	Well-10	X	X	X					
	Mack DM 688S Tri Axle	Well-08	X	X	X					
	Mack DM 688S Tri Axle	Well 07	X	X						
Richie Rich Trucks	Mack 690 Quad Axle	RR-11	X	X						
	Mack 690S Tri Axle	RR-22	X	X						
	Mack 690S Tri Axle	RR-33	X	X						
Ball Trucking	Ford L-9000 Tri Axle	Ball 1	X	X						
	Ford L-9000 Tri Axle	Ball 2	X	X						
TNT Trucking	Mack 686LS Quad Axle	TNT 1	X	X						

## TRUCK MONITORING FORM EXAMPLE

**EXAMPLE**

### TRUCK REPORT ATTACH TO INSPECTOR'S DAILY REPORT

CONTRACT NO. : C201447	TIP NO. : R-4002	WBS NO. : 34572.3.2	DAY: Monday	DATE: 6/7/2010
---------------------------	---------------------	------------------------	----------------	-------------------

PRIME CONTRACTOR	DUAL AXLE	TRI AXLE	QUAD	OTHER	REMARKS
S.T. WOOTEN					
<b>DBE SUBCONTRACTORS</b>					
MILITARY & FEDERAL CONSTRUCTION	6				
CARDINAL BLUE ENTERPRISES	4				
MAR-TECH LAND DEVELOPERS	4				
HAROLD A. PURYEAR TRUCKING	4				See Joe Smith Hauling
<b>NON-DBE</b>					
Joe Smith Hauling	4				Working with Puryear, Full DBE credit
Joe Johnson Hauling	2				Non/DBE, not part of commitment
<b>TOTALS</b>	24				

\_\_\_\_\_  
PROJECT INSPECTOR'S SIGNATURE

**NOTE:** IF NO TRUCKS USED, NOTE ON INSPECTOR'S DAILY REPORT.

# TRUCK MONITORING FORM

## TRUCK REPORT ATTACH TO INSPECTOR'S DAILY REPORT

CONTRACT NO. :	TIP NO. :	WBS NO. :	DAY:	DATE:
----------------	-----------	-----------	------	-------

	DUAL AXLE	TRI AXLE	QUAD	OTHER	REMARKS
PRIME CONTRACTOR					
DBE/WB/MB SUBCONTRACTORS					
NON-DBE					
TOTALS					

PROJECT INSPECTOR'S SIGNATURE \_\_\_\_\_

## JOINT CHECK FORM



### STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

#### JOINT CHECK NOTIFICATION FORM (FOR DBE/MBE/WBE FIRMS ONLY)

CONTRACT/PROJECT NUMBER:

NAME OF PRIME CONTRACTOR:

Name of Subcontractor \_\_\_\_\_

Name of Material Supplier \_\_\_\_\_

Items of work \_\_\_\_\_

Comments \_\_\_\_\_

Who requested joint check utilization? \_\_\_\_\_ Prime \_\_\_\_\_ Sub \_\_\_\_\_ Supplier

Why? \_\_\_\_\_

#### Information:

NCDOT will closely monitor the use of joint checks, and this practice will be subject to review by NCDOT's DBE Compliance Audit Unit within the Office of Inspector General. To receive DBE/MBE/WBE credit for performing a commercially useful function with respect to obtaining materials and supplies, a DBE/MBE/WBE must "be responsible for negotiating price, determining quality and quantity, ordering the material and installing (where applicable) and paying for the material itself." Only when a DBE/MBE/WBE meets all requirements should credit be counted for the procurement of items by the DBE/MBE/WBE. For more information, visit <http://www.ncdot.org/business/ocs/>.

Please read the attached Joint Check Procedures. If the proper procedures are not followed or the department determines that the arrangements results in a lack of independence for the DBE involved, no credit for the DBE's participation as it relates to the material cost will be used toward the contract goal requirement and the prime will need to make up the difference elsewhere on the project.

*I have read and understand the above information and the attached Joint Check Procedures. I hereby acknowledge that the information provided on this form is true and accurate.*

#### Authorized Subcontractor Representative:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### Authorized Material Supplier Representative:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### Authorized Prime Contractor Representative:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### Received:

NCDOT Contract Administrator \_\_\_\_\_ Date \_\_\_\_\_

Documentation for financial transactions attached? \_\_\_\_\_

Comments \_\_\_\_\_

CC: State Contractor Utilization Engineer  
Bridge/Roadway Engineer

11/2008

## DBE MBE WBE REPLACEMENT REQUEST FORM



### STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

#### DBE MBE WBE REPLACEMENT REQUEST FORM

The North Carolina Department of Transportation (NCDOT) is committed to the participation of Disadvantaged, Minority and Woman Business Enterprises (DBE/MBE/WBE), in contracting opportunities in accordance with 49 Code of Federal Regulations (CFR). It is the policy of NCDOT to ensure nondiscrimination on the basis of race, color, sex or national origin in the award and administration of the contracts.

In accordance with the Special Provisions the Contractor shall not terminate a committed DBE/MBE/WBE subcontractor for convenience or perform the work with its own forces or those of an affiliate. Reasonable methods to resolve performance disputes must be applied. The contractor must demonstrate reasonable efforts to replace a committed DBE/MBE/WBE firm that does not perform as intended with another committed DBE/MBE/WBE firm. Replacement of a DBE without written approval from NCDOT is a violation of contract provisions and may result in the Contractor being disqualified from bidding for a period of up to 6 months.

Contract Number: \_\_\_\_\_

DBE/MBE/WBE being replaced: \_\_\_\_\_

Explanation for Replacement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subcontract Amount: \_\_\_\_\_

Amount of Subcontract Remaining: \_\_\_\_\_

Line Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a DBE/MBE/WBE subcontractor is terminated, or fails to complete its work on the contract for any reason, the prime contractor will make good faith efforts to find another DBE/MBE/WBE subcontractor to substitute for the original DBE/MBE/WBE. These good faith efforts shall be directed at finding another DBE to perform at least the same amount of work under the contract as DBE/MBE/WBE that was terminated, to the extent needed to meet the contract goal established for the project

Replacement Contractor: \_\_\_\_\_

Is this a NCDOT Certified DBE/MBE/WBE contractor? Yes \_\_\_\_ No \_\_\_\_

By signing this document, the Contractors and Resident Engineer who is the designated representative of NCDOT, concurs with the process of replacing the named DBE/MBE/WBE subcontractor.

DBE Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Prime Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Engineer Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon Completion Send to:

Cc: Division Engineer  
State Construction Engineer  
State Contractor Utilization Engineer  
Business Opportunity and Workforce Development



## SUPPLEMENTAL AGREEMENT PRICING FORM

Assemble separately for each operation within the Supplemental Agreement

<b>Project Number</b>		<b>Date</b>	
Turn-around time needed to avoid project delays      Day(s)			
Potential impacts to project schedule should be discussed when prices are requested			
Brief description of Supplemental Agreement			
If work is subcontracted, describe portion of work performed by Prime			
Describe special conditions that affect pricing (Risk)			
<b>Materials*</b>			
Cost		\$	
Transportation Costs		\$	
Anticipated fabrication and/or delivery time			
*Provide description of material(s) and source(s)			
<b>Labor*</b>			
Labor cost		\$	
Labor Burden (Percent mark-up to labor cost)		\$	
*Provide certified annual labor burden			
*Attach quantity, duration, labor classification and wage rates of anticipated work force.			
<b>Equipment*</b>			
Cost		\$	
*Attach quantity, type, production rates and duration of associated equipment. Identify rented equipment separately.			
*Describe any equipment that is idled during operations or associated with crew and idled by operation.			
Subtotal of costs associated with work		\$	
<b>Subcontract</b>			
Subcontract Administration Cost (percent mark-up on cost subtotal)		\$	
<b>Overhead</b>			
Overhead Cost (percent mark-up on cost subtotal)		\$	
<b>Profit</b>			
Profit Cost (percent mark-up on cost subtotal)		\$	
Total Supplemental Agreement Price		\$	
<b>Time Extension*</b>		<b>Days</b>	
*Provide justification for any proposed time extension			
The costs detailed herein, although an estimate of the proposed work, are based upon the most accurate available information and/or historical costs of similar operations.			
Date			

# FORCE ACCOUNT SUMMARY FORM 480

## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK SUMMARY

Contract Number: \_\_\_\_\_

STATE PROJECT: \_\_\_\_\_ F. A. No.: \_\_\_\_\_ AUTHORIZED BY LETTER DATED: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
SUBCONTRACTOR : \_\_\_\_\_ Week Ending: \_\_\_\_\_

SUBCONTRACTOR SUMMARY ITEM	AMOUNT (A)	ADDITIVE (B)	ADDITIVE AMOUNT (A)x(B)=(C)	TRANSPORTATION COSTS (D)	SUBTOTAL (A)+(C) OR (A)+(D)	REMARKS
MATERIALS	\$	15%			\$	
LABOR ADDITIVES	\$				\$	
LABOR	\$				\$	
LABOR OVERTIME	\$				\$	
TRAVEL ALLOWNACES	\$				\$	
STANDBY OR IDLE LABOR	\$				\$	
EQUIPMENT	\$				\$	
STANDBY OR IDLE EQUIPMENT	\$			\$	\$	
RENTAL EQUIPMENT	\$		\$	\$	\$	
<b>SUB-CONTRACTOR TOTAL:</b>						

CONTRACTOR SUMMARY ITEM	AMOUNT (A)	ADDITIVE (B)	ADDITIVE AMOUNT (A)x(B)=(C)	TRANSPORTATION COSTS (D)	SUBTOTAL (A)+(C) OR (A)+(D)	REMARKS
MATERIALS	\$	15%			\$	
LABOR ADDITIVES	\$				\$	
LABOR	\$				\$	
LABOR OVERTIME	\$				\$	
TRAVEL ALLOWANCES	\$				\$	
STANDBY OR IDLE LABOR	\$				\$	
EQUIPMENT	\$				\$	
STANDBY OR IDLE EQUIPMENT	\$			\$	\$	
RENTAL EQUIPMENT	\$			\$	\$	
SUBCONTRACTORS TOTAL	\$	* SEE BELOW	\$		\$	
<b>FORCE ACCOUNT TOTAL:</b>					\$	

\*SUBCONTRACTING ADMINISTRATIVE COSTS

Total Subcontracting Cost	Rate Schedule
\$0.00 to \$10,000.00	10%
Above \$10,000.00	\$1000.00 + 5% above \$10,000.00

### CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

# FORM 480A MATERIALS

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION**  
**DETAILED STATEMENT OF FORCE ACCOUNT WORK**  
**MATERIALS**

CONTRACT NO. \_\_\_\_\_

AUTHORIZED BY LETTER DATED: \_\_\_\_\_

STATE PROJECT: \_\_\_\_\_

F.A. NO. : \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

SUBCONTRACTOR : \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

MATERIALS (Including Transportation Costs)					
MATERIAL DESCRIPTION	UNIT	COST PER UNIT	QUANTITY	AMOUNT	REMARKS
<b>MATERIAL SUBTOTAL:</b>					

**CERTIFICATION:**

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

# FORM 480B LABOR

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DETAILED STATEMENT OF FORCE ACCOUNT WORK  
**LABOR / STANDBY OR IDLE LABOR**

CONTRACT NO. \_\_\_\_\_ AUTHORIZED BY LETTER DATED: \_\_\_\_\_  
 STATE PROJECT: \_\_\_\_\_ FA#: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
 SUBCONTRACTOR : \_\_\_\_\_ WEEK ENDING: \_\_\_\_\_

LABOR NAME	CLASSIFICATION	1/09	1/10	1/11	1/12	1/13	1/14	1/15	TOTAL HOURS	BASE WAGE RATE	AMOUNT
		S	M	T	W	T	F	S			
<b>LABOR SUBTOTAL:</b>											(15)

STANDBY OR IDLE LABOR NAME	CLASSIFICATION	1/09	1/10	1/11	1/12	1/13	1/14	1/15	TOTAL HOURS	BASE WAGE RATE	AMOUNT
		S	M	T	W	T	F	S			
STANDBY OR IDLE LABOR SUB-TOTAL:											

**CERTIFICATION:**

*I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.*

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DETAILED STATEMENT OF FORCE ACCOUNT WORK

AUTHORIZED BY LETTER DATED:

CONTRACTOR: \_\_\_\_\_  
WEEK ENDING: \_\_\_\_\_

**LABOR SUBTOTAL:**

**STANDBY OR IDLE LABOR SUB-TOTAL:**

*I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.*

APPROVED:

R-274

# FORM 480B LABOR SUMMARY

## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK

### PAYROLL ADDITIVES

CONTRACT NO. \_\_\_\_\_

AUTHORIZED BY LETTER DATED: \_\_\_\_\_

STATE PROJECT: \_\_\_\_\_

F.A. NO. : \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

SUBCONTRACTOR : \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

LABOR SUMMARY ITEM	AMOUNT

#### CERTIFICATION:

*I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.*

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

# FORM 480B LABOR ADDITIVES

## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK PAYROLL ADDITIVES

CONTRACT NO. \_\_\_\_\_

AUTHORIZED BY LETTER DATED: \_\_\_\_\_

STATE PROJECT: \_\_\_\_\_

F.A. NO. : \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

SUBCONTRACTOR : \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

BOND, INSURANCE AND TAXES ITEM	RATE (PROVIDED BY CONTRACTOR)	APPLICABLE QUANTITY	AMOUNT	REMARKS

SUBTOTAL OF SUBMITTED PAYROLL ADDITIVES

SECTION 109-3A ALLOWS 35% ADDITIVE IF ACTUAL LABOR BURDEN  
RATES CANNOT BE VERIFIED. (TOTAL LABOR \* 35% )

\$ \_\_\_\_\_

ALLOWABLE PAYROLL ADDITIVE

\$ \_\_\_\_\_

### CERTIFICATION:

*I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.*

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

# FORM 480B TRAVEL - METHOD A

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DETAILED STATEMENT OF FORCE ACCOUNT WORK

## TRAVEL AND SUBSISTENCE

CONTRACT NO. \_\_\_\_\_

AUTHORIZED BY LETTER DATED:

## METHOD "A"

STATE PROJECT: \_\_\_\_\_

F.A. NO.: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

SUBCONTRACTOR : \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

Employees Name & Dates of Travel	COST OF MEALS	COST PER DAY		AMOUNT SUBMITTED	ALLOWABLE AMOUNT
<b>TRAVEL AND SUBSITENCE SUBTOTAL:</b>					

ARTICLE 109-3B ALLOWS FOR COMPENSATION AT THE CURRENT IN-STATE  
RATE FOR STATE EMPLOYEES. RATE AS OF JULY 1, 20\_\_ IS \$\_\_\_\_\_  
MEAL ALLOWANCE PER DAY IS \$\_\_\_\_\_, ROOM RATE IS \$\_\_\_\_\_.

**CERTIFICATION:**

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER



# FORM 480B TRAVEL METHOD B

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DETAILED STATEMENT OF FORCE ACCOUNT WORK

## TRAVEL AND SUBSISTENCE

AUTHORIZED BY LETTER DATED: \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

## Method B

STATE PROJECT: \_\_\_\_\_

F.A. NO. : \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

<b>Employees Name</b>	<b>CONTRACTOR PER DIEM NONE ACCOUNTABLE</b>	<b>LENGTH OF STAY</b>	<b>AMOUNT SUBMITTED</b>	<b>ALLOWABLE AMOUNT</b>
<b>TRAVEL AND SUBSITENCE SUBTOTAL:</b>				

ARTICLE 109-3B ALLOWS FOR COMPENSATION AT THE CURRENT IN-STATE  
RATE FOR STATE EMPLOYEES. RATE AS OF JULY 1, 20\_\_ IS \$\_\_\_\_\_  
MEAL ALLOWANCE PER DAY IS \$\_\_\_\_\_, ROOM RATE IS \$\_\_\_\_\_.

**CERTIFICATION:**

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

## FORM 480B TRAVEL SUMMARY

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DETAILED STATEMENT OF FORCE ACCOUNT WORK  
**TRAVEL SUMMARY**

CONTRACT NO. \_\_\_\_\_

AUTHORIZED BY LETTER DATED: \_\_\_\_\_

STATE PROJECT: \_\_\_\_\_

F.A. NO. : \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

SUBCONTRACTOR : \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

LABOR SUMMARY ITEM	AMOUNT

**CERTIFICATION:**

*I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.*

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
DETAILED STATEMENT OF FORCE ACCOUNT WORK  
EQUIPMENT / RENTAL EQUIPMENT / STANDBY OR IDLE EQUIPMENT  
AUTHORIZED BY LETTER DATED:

[illegible]

**EQUIPMENT SUBTOTAL:**

[illegible]**RENTAL EQUIP. ADDITIVE SUBTOTAL:**
$$\text{RENTAL ADDITIVE (DAILY RATES)} = ((\text{RENTAL RATES TIMES TOTAL HOURS OPERATED}) \text{ DIVIDED BY } 8) \times .15$$
[illegible]**STANDBY OR IDLE EQUIP. SUBTOTAL:**

RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER

# FORM 480C OWNER/OPERATOR EQUIPMENT

## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION DETAILED STATEMENT OF FORCE ACCOUNT WORK OWNER-OPERATED EQUIPMENT / FULLY MAINTAINED & OWNER OPERATED TRUCKS AUTHORIZED BY LETTER DATED: \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_  
STATE PROJECT NO: \_\_\_\_\_ F. A. NO.: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
SUBCONTRACTOR : \_\_\_\_\_ WEEK ENDING: \_\_\_\_\_

OWNER/OPERATED EQUIPMENT DESCRIPTION	MINIMUM RENTAL PERIOD	RENTAL RATE	ACT. NO. of RENTAL PERIODS	RENTAL AMOUNT	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL HOURS OPER	RENTAL ADDITIVE AMOUNT **	REMARKS
					S	M	T	W	T	F	S			
RENTAL EQUIPMENT SUBTOTAL:					RENTAL EQUIP. ADDITIVE SUBTOTAL:									

FULLY MAINTAINED OWNER OPERATED TRUCKS	MINIMUM RENTAL PERIOD	RENTAL RATE	ACT. NO. of RENTAL PERIODS	RENTAL AMOUNT	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL HOURS OPER	RENTAL ADDITIVE AMOUNT **	REMARKS
					S	M	T	W	T	F	S			
RENTAL EQUIPMENT SUBTOTAL:					RENTAL EQUIP. ADDITIVE SUBTOTAL:									

### CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

\_\_\_\_\_  
RESIDENT ENGINEER

APPROVED: \_\_\_\_\_  
DIVISION ENGINEER



# CERTIFICATE OF LIABILITY INSURANCE

EXAMPLE

<b>PRODUCER</b>  Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  Contractor Name Contractor Street Address or P.O. Box Contractor City, State & Zip Code		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	<b>\$1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	<b>\$1,000,000</b>
						GENERAL AGGREGATE	<b>\$2,000,000</b>
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
A	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$1,000,000
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	<b>\$5,000,000</b>
						AGGREGATE	<b>\$5,000,000</b>
							\$
							\$
							\$
A	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH -ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/>	<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)

### CERTIFICATE HOLDER

### CANCELLATION

Division of Highway; Dept. of Transportation c/o State Contractual Service Engineer P. O. Box 25201 Raleigh, NC 27611	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</b>
	<b>AUTHORIZED REPRESENTATIVE</b>



# CERTIFICATE OF LIABILITY INSURANCE

**EXAMPLE**

<b>PRODUCER</b>  Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  Contractor Name Contractor Street Address or P.O. Box Contractor City, State & Zip Code		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	<b>\$1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	<b>\$1,000,000</b>
						GENERAL AGGREGATE	<b>\$2,000,000</b>
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
A	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$1,000,000
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	<b>\$4,000,000</b>
						AGGREGATE	<b>\$4,000,000</b>
							\$
							\$
							\$
A	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/>	<b>OTHER</b>					
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)							

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R-284

## ABC SAMPLING LOG FORM

[illegible]



## FORCE ACCOUNT CONSTRUCTION

Form 881- FAC  
8/12



### NORTH CAROLINA DEPARTMENT OF TRANSPORTATION Request to Perform Force Account Construction on Federal Aid Project

The term Force Account Construction refers to construction work NCDOT performs on a federal funded project using its own forces. Specifically it means the direct performance of highway construction work by NCDOT by use of labor, equipment, materials, and supplies furnished by NCDOT and used under its contract terms. All Force Account Construction shall be performed in accordance with the FHWA Order titled "FHWA Policy on Agency Force Account Use". Approval must be granted by the Division Engineer prior to commencement of Force Account Construction. The Division Engineer's authority is limited to a maximum of \$50,000 on Delegated Authority projects only. Amounts in excess of \$50,000 must be approved by the Chief Engineer. Force Account Construction on Full Oversight projects (Step-by-Step) must be approved by FHWA.

CONTRACT NO: \_\_\_\_\_ WBS NO: \_\_\_\_\_

TIP NO: \_\_\_\_\_ FEDERAL AID NO: \_\_\_\_\_

COUNTY: \_\_\_\_\_

1. Description of the Force Account work:

2. Justification (Emergency or More Cost Effective):

3. Estimated Cost and Cost Comparison Documentation:  
(Summarize here and include actual documentation as an attachment)

<b>Requested By:</b>  _____ Division Maintenance Engineer  <b>DATE:</b> _____	<b>Approval Granted:</b>  _____ Division Engineer  <b>DATE:</b> _____
<b>Approval Granted (Only required for work over \$50,000):</b>  _____ Chief Engineer  <b>DATE:</b> _____	<b>Approval Granted (Full Oversight Projects Only):</b>  _____ FHWA  <b>DATE:</b> _____

## SAMPLE AFFIDAVIT

Contract No.: \_\_\_\_\_  
County: \_\_\_\_\_

In the State of \_\_\_\_\_, County of \_\_\_\_\_,  
\_\_\_\_\_, being duly sworn, deposes and says that he is  
\_\_\_\_\_ of \_\_\_\_\_ and that  
he has full and official knowledge of all and every of the debts and obligations for labor and  
materials which have entered into and become a part of that certain section of the State Highway  
System of the State of North Carolina known and designated as N.C. Contract No.  
\_\_\_\_\_; and, acting in his official capacity, and for the specific purpose of obtaining  
the funds due on this Final Estimate, he further deposes and says that all debts or obligations for  
such labor and materials have been fully and completely paid and discharged in good and lawful  
money of the United States of America or by evidences of exchange or trade acceptances  
endorsed and guaranteed, net, by a solvent National or State Bank, and that there are no suits for  
damages against the Contractor, pending, prospective, or otherwise, in consequence of his  
operations on the said project, except as follows:

In witness whereof he has hereto set his hand and seal.

(SEAL)

\_\_\_\_\_  
\_\_\_\_\_  
(Title)

I, \_\_\_\_\_, a Notary Public of the County and State aforesaid, hereby  
certify that \_\_\_\_\_ personally known to me to be the affiant in the  
foregoing affidavit, personally appeared before me this day and having been by me duly sworn  
deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission expires:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.

## SAMPLE CONSENT OF SURETY

State Construction Engineer  
North Carolina Department of Transportation  
1543 Mail Service Center  
Raleigh NC 27699-1543

Dear Sir:

The Contractor, \_\_\_\_\_, for North Carolina Contract Number: \_\_\_\_\_, in \_\_\_\_\_ County, whose performance we have guaranteed by our Bond Number \_\_\_\_\_, has requested that we give our consent to the payment, at your option, of all monies due on his final estimate according to the provisions of his contract.

We hereby give our consent to the payment of the final estimate and agree that such action on your part will not operate to qualify or invalidate the Bond.

Sincerely,

\_\_\_\_\_  
By: \_\_\_\_\_

Seal of Surety

The Consent of Surety should be prepared on the surety's official stationery and it must be signed by a general officer of the corporation or by an attorney-in-fact. If signed by an attorney-in-fact, a power of attorney must be attached giving the attorney-in-fact specific authority to write Consent authorizing the release of monies and it must also bear the corporate seal.

## DBE/MBE/WBE/ SUBCONTRACT COMMITMENT PAYMENT SUMMARY

CONTRACT \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

### DBE/MBE/WBE Subcontract Commitment Payment Summary

The Contractor is required to utilize the subcontractors for which work was committed at the time of bidding as approved by the Department. Those subcontractors and the applicable dollar value of the work committed are included in the contract. The questions addressed on this form and the information to be supplied refers only to those subcontractors or those subcontractors who are approved as replacements.

1. Were **all** subcontractors listed in the contract utilized on this project? ☐ Yes ☐ No
2. Were any of the subcontractors listed in the contract replaced? ☐ Yes ☐ No  
List the name of the original subcontractor and the replacement subcontractor, for any that were replaced.

Original	Replacement

Attach a copy of the *DBE MBE WBE Replacement Request Form* and supporting documentation for all subcontractors that were replaced.

3. Is the total of payments entered in the payment tracking system equal to or greater than the committed amount for all subcontractors? ☐ Yes ☐ No
4. List the subcontractor name, the committed amount, and the total payment amount of any subcontractor for which the answer to question number 3 above was "No".

Subcontractor	Committed Amount (\$)	Total Payment Amount (\$)

Provide justification for any subcontractor not performing the committed value of work. SEE ATTACHMENTS

5. Have all payments been reviewed and accepted? ☐ Yes

### Contract Commitment Summary

Federal Aid contracts have one reporting format, DBE. State funded contracts require separate reporting for MBE and WBE subcontractors. Provide the total dollar amounts for the respective group according to the contract.

	Contract Requirement (\$)	Actual Payments (\$)
DBE		
MBE		
WBE		

\_\_\_\_\_  
Resident Engineer / Contract Administrator

\_\_\_\_\_  
Date

Form Date: 1/7/09

Revised: 5/13/09